

How to Implement Integrated Care for Older Persons—ICOPE—Massively in Clinical Practice for a Healthy Longevity

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As we age, we must maintain our physical and mental health to live fully. WHO defines healthy aging as «the process of developing and maintaining the functional ability that enables well-being in older age». To help achieve this goal, WHO has designed the Integrated Care for Older People (ICOPE) program. ICOPE consists of five steps: screening, comprehensive assessment, intervention, monitoring, and community public health action (1). Screening looks at vision, hearing, mobility, nutrition, memory, and psychological health. If any alerts arise from the initial screening, a comprehensive assessment follows. Intervention includes investigations, specialist advice, lifestyle changes, prescription of necessary drug therapies, and multi-domain interventions. Monitoring involves tracking progress over time to ensure that interventions are implemented correctly. Community public health is also addressed with access to physical exercise programs and social support networks in the local area for individuals of all ages.

ICOPE provides us with a progressive outlook to advance our healthcare system. A concept that draws away from the traditional perception of mere illness and drug prescriptions and points instead toward optimizing healthcare results by enhancing relevant functions related to the field. With an innovative pivot point, it may be possible for us to sustainably alter our outdated models and successfully bridge our current and future healthcare systems accordingly. ICOPE sits between two seemingly unrelated components, the social and the medical paths. Yet, the program could unlock potential beyond these, delivering an integrated multi-disciplinary approach ideal for society as it ages. Meaningful social, medical, and lifestyle interventions will be a part of future prescription pathways that ensure a more significant quality of life for older generations. When aging presents multiple complex clinical issues, ICOPE opens the door anew — wholly merging sound ideas with the power of progress and fitting perfectly with the priorities of the Journal of Aging Research and Lifestyle [JARLife] for 2023 as described by Ara Khachaturian (2).

In the present perspective paper, we summarize our experience using the ICOPE assessment in more than

30,000 older patients in France.

Why do we need to implement ICOPE?

ICOPE provides a practical pathway to maintain intrinsic capacities (I.C.) & function, prevent dependency, and enable older adults to do what they value by monitoring and maintaining their Intrinsic Capacities (IC) one by one before severe impairment and before having already several IC lost. ICOPE enables to make an early diagnosis of age-related diseases for organ repair. We cannot wait for many older persons to become dependent because we don't have enough care facilities and staff to take care of them and because at such a late stage, it is too late for recovering when the patients are very frail or dependent.

How to implement ICOPE in daily clinical practice?

In our experience, we first started screening at 70 years for all and between 60 and 70 years for those with chronic diseases, e.g., diabetes, cancer, and COPD. Due to the high prevalence of loss of I.C we recommend starting ICOPE, at least self-assessment after 60 years old. Massive screening Step 1 can be done by self-assessment, with the caregiver or any professional who has received appropriate training (45mn online), e.g., social workers and not limited to healthcare professionals: nurses, physiotherapists, dietitians, physicians... However, Step 1: Interpretation/understanding must be made by a trained healthcare professional who can interpret ICOPE and then decide to proceed to Step 2.

Why digital ICOPE Monitor?

ICOPE Monitor digital health program allows older adults and their health care professionals to digitally monitor their Intrinsic Capacities (IC) using digital tools, e.g., ICOPE Monitor Apps and ICOPE Monitor vocal robot. Older adults can do ICOPE self-assessment; with their permission, the data are transferred to a secure

website for medical data repository (2). Senior health care professionals can monitor the IC in a personalized way to intervene as soon as possible when the subjects have a positive screening for loss of function, e.g., if they have a loss of appetite or weight loss. Moreover, the ICOPE MONITOR program can help older adults to follow by themselves their intrinsic capacities. For example, if they need 8 seconds to rise from a chair (5 times) in the following years, they must do it in 8 seconds. If they need more time, they will have to practice exercise and other lifestyle interventions, and if they pass the cut-off of 14 seconds, they are at risk of loss of mobility; they will need to make an appointment with their health care professional. ICOPE will procure a personalized intervention in good timing with long-term follow-up in participative medicine. The ICOPE digital platform includes a Telemedicine Monitoring ICOPE Call center to monitor time to events, react fast, identify those who need Step 2, monitor intervention, and connect social and health care teams. ICOPE monitor allows large participative medicine the possibility to send an email for health promotion and make massive public health campaigns.

Mass screening is possible

By February 11, 2023, in approximately 24 months, we have 30,239 participants who entered in ICOPE program, mean age of 74.7 years old, 62% women. More than 7,700 healthcare professionals have downloaded the ICOPE digital tools. ICOPE step 2 (more comprehensive assessment has been done in approximately 12% of those who got step 1, the mean age of 78 years, and 42% leaving alone.

ICOPE program from W.H.O. paves the road for healthy longevity by maintaining functions. Our healthcare management system and payors from the government to insurance endorse it to enable healthcare professionals to follow the W.H.O ICOPE recommendations and give access to the seniors to the lifestyle intervention they require.

It will be essential to understand better the links between the biology of aging and age-related disease physiopathology, e.g., Alzheimer's disease, to repair organs and maintain functions.

The World Health Organization has stressed the importance of intrinsic capacities (I.C). These include vision, hearing, appetite, mobility, memory, and psychological health, often undergoing a period of subtle deterioration. For example, someone may show good mobility and still need to be able to run like they used to. With more specific examinations and detection devices than the current ICOPE stage 1 protocol permits, earlier assessments of this preoperative reduction of abilities can be efficiently conducted going forward.

Conflict of interest: Dr Vellas is an investigator in clinical trials sponsored by the Toulouse University Hospital (Inspire Geroscience Program).

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